Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>2-23-2012</u>	Address:	Unionville road .5 m west
Case #:	12ispc0005 9 3		<u>Paoli IN 47454</u>
County:	Orange		
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location (o Residence Outbuilding	check all that apply) Hotel/Motel Open – No Structure
<u></u>	ite (only)	Vehicle	Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): one pt woods Red Phosphorous/Iodine Reaction(s): Flammable Solvents: one pot woods Water Reactive Metal (Lithium): Anhydrous Ammonia: one pt woods Hydrochloric Acid Gas Generator(s): Corrosive Acid: Corrosive Base: Other (item and location):			
Yes _ No *If yes, fax r	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin Retail/M Other:	
This report is to be faxed to the following agencies that serve the location:			
Fire Depar	tment: Paoli VFD	Fax: 812 723 2417 Fax: 812 723 7112 Fax: 18008005556	
Health Dep	partment: Orange County		
Child Prote	ection Service: Orange county		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Paul Andry/Shane Staggs Phone 812 459 2239			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.